

CERTIFICATE OF SERVICE

I, Gini L. Downing (name), certify that service of this summons and a copy of the complaint was made February 4, 2022 (date) by:

☒ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:
Leo Pharma Inc.
Attn: Keith E. Bernius,
US CFO & Business Operations
7 Giralda Farms, 2nd Floor
Madison, NJ 07940

Tiffany Christian
VP, US Legal and Compliance
LEO Pharma Inc.
7 Giralda Farms
Madison, NJ 07940

Leo Pharma Inc.
Attn: Tiffany L. Christian, VP, Legal
& Compliance
1 Sylvan Way
Parsippany, NJ 07054

Leo Pharma Inc.
7 Giralda Farms, 2nd Floor
Madison, NJ 07940

☒ Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:

Leo Pharma Inc.
Attn: Keith Bernius, Interim U.S.,
CFO & Business Operations
7 Giralda Farms - 2nd Flr
Madison, NJ 07940

Corporation Service Company,
R/A for Leo Pharma, Inc.
251 Little Falls Drive
Wilmington, DE 19808

I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date February 4, 2022 Signature /s/ Gini L. Downing

Print Name: Gini L. Downing
Pachulski Stang Ziehl & Jones LLP
10100 Santa Monica Blvd.
13th Floor
Business Address: Los Angeles, CA 90067

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY			
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>CR31 Rty</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>			
<p>1. Article Addressed to: Leo Pharma Inc. Attn: Keith Bernius, Interim U.S., CFO & Business Operations 7 Giralda Farms - 2nd Flr Madison, NJ 07940</p>		<p>B. Received by (Printed Name) <i>Conrad 19</i></p>	<p>C. Date of Delivery <i>2/12</i></p>		
<p>2. Article Number (Transfer from service label) 7017 2400 0000 3936 6480</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>			
<p>Barcode: 9590 9402 3367 7227 2826 47</p>		<p>3. Service Type</p> <table border="0"> <tr> <td> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </td> <td> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </td> </tr> </table>		<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
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PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt			

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<p>1. Article Addressed to: Corporation Service Company, R/A for Leo Pharma, Inc. 251 Little Falls Drive Wilmington, DE 19808</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>		
<p>2. Article Number (Transfer from service label) 7017 2400 0000 3936 6299</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>			
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